

Y

Y

Spouse's Last Name

Zip Code

List all dependents on page 2, part 4.

#### F. Number of Other Dependents

List all dependents on page 2, part 4.

**G. TOTAL** Number of Exemptions  
Add lines C, D, E and F.

I. Is this amended return as a result of a federal audit?

J. If Yes, enter the federal determination date

M	D	Y
---	---	---

## Residency Ending Date ..... ▶

Residency Ending Date 

Detroit Income While a  
Non-Resident Col II

1

2

3

4

5

6

7

8

9

10

11

12

13

14

22. If line 14 is larger than line 18 enter the amount of Tax due: (make check payable to: Treasurer, City of Detroit)..... **22**

**Attach Check or Money Order Here**

## PART 1

RESIDENT  
COLUMN INON-RESIDENT  
COLUMN II

### Other Income (or losses)

1. Interest and dividend income from federal 1040 or 1040A
2. Distributions from tax-option corporations (Losses not deductible)
3. Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc.)
4. Gain (or loss) on sale or exchange of property (attach federal schedule(s))
5. Net income (or loss) from partnership (attach federal Schedule K-1, etc.)
6. Net income (or loss) from business or profession (attach federal Schedule C)
7. Net income (loss) from Rent or Royalties (attach federal Schedule E)
8. Miscellaneous
9. Total Other income (or losses) (enter here and on page 1, line 2)


## PART 2

### Deductions from Income:

1. Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form) .....
  2. Moving expense from federal form 3903 (attach federal form) .....
  3. Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions.  
(attach federal form 1040, page 1) .....
  4. Interest on obligations of the United States or subordinate units included on part 1, line 1 .....
  5. Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1) .....
- | Name | Address | Social Security Number |
|------|---------|------------------------|
|      |         |                        |
6. Penalty for early withdrawal of savings .....
  7. Net operating loss carryover .....
  8. Enter total deductions from income here and on page 1, line 4 .....


## PART 3

### Detroit tax paid for you by a partnership

Name	Federal Identification Number	Amount
1. _____	_____	_____
2. _____	_____	_____

Total enter on page 1, line 17 .....

## PART 4

Enter the first names of the dependent children &amp; Social Security Numbers

_____
_____
_____

Enter the names &amp; Social Security Numbers of other dependents

_____
_____
_____

### Signature: (if Joint return, BOTH HUSBAND AND WIFE MUST SIGN)

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Taxpayer's Signature	Date	Occupation	Home Phone	Work Phone
Spouse's Signature	Date	Occupation	Home Phone	Work Phone
Signature of preparer other than taxpayer	Date	Address	I.D. number	

**MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2007 or at the end of the fourth month after the close of your tax year.**

**Returns with Payments: TREASURER, CITY OF DETROIT  
P.O. BOX 673545  
Detroit, Michigan 48267-3545**

**Refund and all others: DETROIT CITY INCOME TAX  
P.O. BOX 553163  
Detroit, Michigan 48255-3173**